

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023531

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED JUL 6 1962

Primary Registration District No.

1002

Registrar's No.

3094

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b 20 years | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION & Troost Alley So. 36th Harrison | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last GEORGE S. WILBER II | | 4. DATE OF DEATH Month Day Year June 8, 1962 | |
| 5. SEX Male | 6. COLOR OR RACE Cauc. | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 7/10/30 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11a. FATHER'S NAME Gilchrist L. Wilber | | 11b. MOTHER'S MAIDEN NAME Edna L. Finch | |
| 12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of entry of service) Yes World War II | | 12b. SOCIAL SECURITY NO. | |
| 13a. NAME OF HUSBAND OR WIFE Sandra Wilber | | 13b. ADDRESS 113 West 65th St | |
| 14. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun shot wounds of chest + back, Bullets passing heart + lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Heart DUE TO (c) Heart | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Shot | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street | 20f. CITY, TOWN, OR LOCATION Kansas City | COUNTY Jackson | STATE Mo |
| 21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at 1:55 A. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE OF W. K. [illegible] (Degree or title) Public Health Officer | | 22b. ADDRESS 5627 Peach Blossom | |
| 22c. DATE SIGNED 6-8-62 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE June 11, 1962 | 23c. NAME OF CEMETERY OR CREMATORY Mount Moriah Cemetery | 23d. LOCATION (City, town, or county) (State) Kansas City Missouri |
| 24. FUNERAL DIRECTOR D.W. Newcomer's Sons | | 25. DATE RECD. BY LOCAL REG. 6-11-62 | 26. REGISTRAR'S SIGNATURE Ruth H Long |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Thomas W. Holson

Licensed Embalmer No. 4889

P. O. Address Luthers, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.